Complete Summary

TITLE

Appropriate treatment for children with upper respiratory infection (URI): percent of children 3 months to 18 years of age with a diagnosis of URI who were not prescribed antibiotics on or three days after the episode date.

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS 2006. Health plan employer data & information set. Vol. 2, Technical specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2005. 350 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the Measure Validity page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of children 3 months to 18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not* dispensed an antibiotic prescription on or three days after the Episode Date.

*This measure is reported as an inverted rate [1 minus (numerator/denominator)]. A higher score indicates appropriate treatment of children with URI (i.e., proportion for whom antibiotics were not prescribed).

RATIONALE

The common cold (upper respiratory infection [URI]) is a frequent reason for children visiting the doctor's office. Though existing clinical guidelines do not support the use of antibiotics for the common cold, physicians often prescribe them for this ailment. A performance measure of antibiotic use for URI sheds light

on the prevalence of inappropriate antibiotic prescribing in clinical practice and raises awareness of the importance of reducing inappropriate antibiotic use to combat antibiotic resistance in the community.

PRIMARY CLINICAL COMPONENT

Upper respiratory infection (URI); appropriate treatment; antibiotics

DENOMINATOR DESCRIPTION

Children 3 months as of July 1 of the year prior to the measurement year to 18 years as of June 30 of the measurement year, who had an outpatient visit with only a diagnosis of nonspecific upper respiratory infection (URI) during the Intake Period and a negative medication history (see the "Description of Case Finding" and the "Denominator Inclusions/Exclusions" fields in the Complete Summary)

NUMERATOR DESCRIPTION

Children from the denominator who were dispensed prescription for antibiotic medication on or three days after the Episode Date. This measure examines one eligible episode per member. (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Use of this measure to improve performance
Variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

National Committee for Quality Assurance (NCQA). The state of health care quality 2005: industry trends and analysis. Washington (DC): National Committee for Quality Assurance (NCQA); 2005.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Accreditation
Decision-making by businesses about health-plan purchasing
Decision-making by consumers about health plan/provider choice
External oversight/Medicaid
External oversight/State government program
Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Managed Care Plans

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Age 3 months through 18 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Americans suffer an estimated 1 billion upper respiratory infections, or colds, annually. Colds are most prevalent among children, due to their relative lack of resistance to infection and to their high contact with other children. Consequently, children have an estimated 6 to 10 colds a year. With approximately 74 million children under the age of 18 in the United States, children account for 444 to 740 million colds annually.

EVIDENCE FOR INCIDENCE/PREVALENCE

National Committee for Quality Assurance (NCQA). The state of health care quality 2005: industry trends and analysis. Washington (DC): National Committee for Quality Assurance (NCQA); 2005.

ASSOCIATION WITH VULNERABLE POPULATIONS

See "Incidence/Prevalence" field.

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Getting Better

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Children 3 months as of July 1 of the year prior to the measurement year to 18 years as of June 30 of the measurement year continuously enrolled 30 days prior to the Episode Date* through 3 days after the Episode Date (inclusive) with no gaps in enrollment during the continuous enrollment period

*Episode Date: The date of service for any outpatient claim/encounter during the Intake Period with only a diagnosis of upper respiratory infection (URI) (refer to Table URI-A in the original measure documentation for codes to identify URI). Exclude claims/encounters with more than one diagnosis. Use Tables URI-B and URI-C in the original measure documentation to identify outpatient visits.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusion

Children 3 months as of July 1 of the year prior to the measurement year to 18 years as of June 30 of the measurement year, who had an outpatient visit with only a diagnosis of nonspecific upper respiratory infection (URI) during the Intake Period* with a Negative Medication History**

*Intake Period: A 12-month window that begins on July 1 of the year prior to the measurement year and ends on June 30 of the measurement year. The Intake Period is used to capture eligible episodes of treatment.

**Negative Medication History: A period of 30 days prior to the Episode Date, during which time the member had no pharmacy claims for either new or refill prescriptions for a listed antibiotic drug or a prescription that was active on the Episode Date.

A prescription is active if the "days supply" indicated on the date the member filled the prescription is the number of days or more between the date the prescription was filled and the relevant service date.

The 30-day look back period for pharmacy data includes the 30 days prior to the Intake Period (see the definition of Intake Period above).

Refer to the original measure documentation for steps to identify the eligible population.

Exclusions

Patients admitted to the hospital from the Emergency Department are excluded from the denominator.

DENOMINATOR (INDEX) EVENT

Clinical Condition
Encounter
Patient Characteristic

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusion

Children from the denominator who were dispensed prescription for antibiotic medication (refer to Table URI-D in the original measure documentation for antibiotic medications) on or three days after the Episode Date*. This measure examines one eligible episode per member.

*Episode Date: The date of service for any outpatient claim/encounter during the Intake Period with only a diagnosis of upper respiratory infection (URI) (refer to Table URI-A in the original measure documentation for codes to identify URI). Exclude claims/encounters with more than one diagnosis. Use Tables URI-B and URI-C in the original measure documentation to identify outpatient visits.

Exclusions
Unspecified

NUMERATOR TIME WINDOW

Episode of care

DATA SOURCE

Administrative data

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Analysis by subgroup (stratification on patient factors, geographic factors, etc.)

DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

This measure requires that separate rates be reported for Medicaid and commercial plans.

STANDARD OF COMPARISON

External comparison at a point in time
External comparison of time trends
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Appropriate treatment for children with upper respiratory infection (URI).

MEASURE COLLECTION

HEDIS® 2006: Health Plan Employer Data and Information Set

MEASURE SET NAME

Effectiveness of Care

DEVELOPER

National Committee for Quality Assurance

INCLUDED IN

Ambulatory Care Quality Alliance

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2004 Jan

REVISION DATE

2005 Jan

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS 2006. Health plan employer data & information set. Vol. 2, Technical specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2005. 350 p.

MEASURE AVAILABILITY

The individual measure, "Appropriate Treatment for Children with Upper Respiratory Infection (URI)," is published in "HEDIS 2006. Health Plan Employer Data & Information Set. Vol. 2, Technical Specifications."

For more information, contact the National Committee for Quality Assurance (NCQA) at 2000 L Street, N.W., Suite 500, Washington, DC 20036; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org.

COMPANION DOCUMENTS

The following is available:

- National Committee for Quality Assurance (NCQA). The state of health care quality 2005: industry trends and analysis. Washington (DC): National Committee for Quality Assurance (NCQA); 2005. 74 p.

For more information, contact the National Committee for Quality Assurance (NCQA) at 2000 L Street, N.W., Suite 500, Washington, DC 20036; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org.

NQMC STATUS

This NQMC summary was completed by ECRI on April 11, 2005. The information was verified by the measure developer on December 15, 2005.

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